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DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

THE MODERN EDUCATION OF WOMEN FOR THE PROFESSION OF NURSING

BY RICHARD OLDING BEARD, M.D.

University of Minnesota, Minneapolis

(Continued from page 33, October JOURNAL)

WE have heard in these latter days a good deal about shortage of nurses. It has been grossly exaggerated in newspaper reports. There has been no great diminution of the actual number of nurses in practice. Death and matrimony, which some critics of the profession appear to consider a disaster only less than death, have removed from public service no more than the average of loss. Even the war did not take any large toll of enlisted nurses. With the opening up of so many public health activities there has been a subdivided distribution of graduates into new avenues of service, but this involves only a matter of readjustment which very quickly takes care of itself. The operation of the law of demand and supply in human society has become autonomic.

On the other hand, many hospital nursing services, dependent upon their school registrations, have unquestionably suffered in increasing measure a shortage of pupil nurses. A careful canvass of the causes of this condition suggests, first, that it is due in part to an increase in the number of vocations to which women have been found adaptable; and second, that it is in part a consequence of the educational transition through which the profession of nursing is passing. In the past twelve years the University schools of nursing, first established within that period, have

multiplied and they will continue to multiply. They and the major hospital schools have not been greatly prejudiced by a poverty of applicants. It is a significant thing that it is the purely institutional school, the school of inferior grade, in which the shortage has been notably felt,—and it is safe to predict that in this type of school it will continue and increase.

There are more, not less, women seeking a vocation today than ever before. A definite calling has become the expected thing in the younger generation, but the avenues of opportunity for women are now so many that they make for a real embarrassment of riches. Women, moreover, have learned, among the great lessons of the war, the imperative need of preparation for service and it is notable that the most of them want the best by way of an education, especially for the service professions, that they can get. In nursing, they are no longer willing to be exploited for the economic benefit of the hospitals in which they may be trained. They have too often learned what that exploitation means. They have grown wary of the purely institutional school.

It is true that the University schools of nursing have been limited in their registration of students by the comparatively small bed capacity of the teaching hospitals under their control; or, to put

it in educational terms, by the small volume of the clinical material of teaching they could command. At Minnesota we have waited long and impatiently for the opportunity of hospital extension and it has been slow to come. But if opportunity does not come in one way it comes in another to those who are looking for it; and it has come to Minnesota in a way which promises the achievement of a new order in nursing education. Three major hospitals presented overtures to the University a year or more ago, asking it to take over the education of nurses in their behalf and offering to the University's educational direction, in association with the University Hospital, their entire nursing services. These overtures were accepted. The University perceived a new occasion and a new duty. Suddenly the bed capacity of the School for teaching purposes increased to over 1,300 beds. Registration has notably increased with it, even in the short intervening period.

Centralization, however, rather than size, is the really significant thing in this event. It means the standardizing of nursing education. It affords an object lesson to the entire state. It promotes the University's influence upon the profession of nursing. It places the central school upon a collegiate basis. It gives a guarantee of fitness in the University degree to its graduates in nursing who go out into the public service.

Some of you may be interested in the main details of the management of the central school. All applicants, high school graduates, appear before the executive committee, after undergoing a complete physical examination. The student's credentials, references, health

report, physical deficiencies, personality, purpose, degree of maturity, etc., are canvassed by the committee. All accepted applicants register as University students; they pay entrance fees of approximately \$40. They are placed in University residence, but not in hospital service, during the preliminary period, in which they undertake the science subjects together with courses in physical culture, lettering, dietetics, hospital economics, history, principles and ethics of nursing, and personal hygiene.

At the end of the preliminary period, they are assigned to place, in pre-determined numbers, in the associated hospitals. In the order of their scholarship they are given the choice of their principal hospital residence, from which they are migrated, in rotational services, to each member of the hospital group, from time to time.

Quarterly reports of standing and progress are submitted to the committee and carefully reviewed in the presence of the student. They are in the nature of analyses of work in each service and have a comparative, as well as an individual value.

The length and alternation of services and the form of the clinical records in the several hospitals are uniform. Lectures in the undergraduate courses are given, so far as possible, to the students of the several hospital groups in common. Written examinations follow all these courses.

All students, upon the satisfactory completion of their studies, receive the University degree.

You will all realize that the importance and the influence of this central school movement, bound to extend to other institutions in other communities,

and promising the most hopeful solution of the problem of the University education of the nurse, have been heightened by the creation, in some fifteen major Universities, of combined courses in Arts and Nursing, of five years' duration, leading to the double degree of bachelor of science and graduate in nursing. These courses provide for the broader culture, the better adaptation of the student to the specific purposes of professional education, and for her safer and sounder preparation for the higher opportunities of public health and institutional service. I look to see the five year course become the great feeder of the Schools of Nursing, so sure, again, am I that the student in nursing wants the best by way of an education she can get. It is in the psychology of the situation that she will not be content with any less than her sisters may have.

The Universities are contributing to the higher development of your profession by the institution of graduate courses in public health nursing and in nursing education. Columbia University has been the great pioneer in this movement and many institutions are gladly following in her footsteps. At Minnesota, these courses are well established under a fortunate conjunction of interest in the School of Nursing, the Department of Public Health and Preventive Medicine and the College of Education. To their teaching the departments of psychology and sociology importantly contribute. Their field work is generously provided in the Infant and Child Welfare Societies, the Visiting Nurse Associations, the Associated Charities, the Public School Systems, and the industrial corporations of the Twin Cities. One of their most

valuable adjuncts is the model practice field in public health nursing established in Hennepin County, in which the City of Minneapolis lies, supported first by the local chapter of the American Red Cross and later by the Board of County Commissioners.

Excellent as this educational work is,—and excellent as is the progress we have made in the promotion of public health nursing, I think that as yet we “but catch at the skirts of the thing we would be,” and are in danger that too self-satisfied we “fall back on the lap of a false destiny.”

We talk about public health nursing as if it were all one thing and it is so many different things; so greatly different that each phase of it must mean ultimately graduate study specifically adapted to the particular thing to be done.

The infant and child welfare nurse should have a far larger knowledge of the anatomy, physiology, chemistry and psychology of her human subject than she gets now. She should understand the problems of its nutrition, its growth, physical and intellectual, its emotional nature, its mental hygiene, its tendency to easily form and reform habit.

The visiting nurse and the rural community nurse, extending their study of the patient to his past history and his present environment, should be trained in his sociologic and psychologic relations and reactions, in the study of the case problem, the housing problem, the occupational problem he presents. They should be social service students first and graduate nurses second, or vice versa.

The public school nurse needs not only physiologic and psychologic

knowledge of the pupil; she requires knowledge of his physical, mental and moral hygiene; she should be trained as a teacher in the school and the home; she should understand the methods of education, the pedagogic approach to the child, in super-addition to her study of the questions of food, feeding, behavior, etc.

The industrial nurse should be an expert in personal, household, factorial and communal hygiene; she should know much of the bacterial and parasitic agents of disease; she should understand housing problems and sanitary requirements; she, too, should be a trained social worker as well as a nurse.

Specialization in public health nursing has yet far to go and in the methods and material of preparation for it we have much to do.

Women of nursing: When I look into the future in which the educational opportunities of your profession shall have ripened, as quickly they will, when I realize the wide extension of your fields of usefulness in private and public service, when I sense the possibilities of your personal and vocational development, I see small room for the pessimism which has possessed so many of us, involuntarily, perhaps, in the recent past. I know we have been tempted many a time, in these deeply shadowed days, beset with difficulties and misunderstandings, with unworthy suspicions and unfounded charges, to "wonder wherefore we were born, for earnest or for jest."

I cannot doubt that you women of the profession of nursing have been born into a day of terrible earnestness, of large destiny,—of which you are hardly yet aware. It remains for you to realize

yourselves. I marvel, indeed, that the doors of our schools of nursing are not besieged by would-be nurses, and I look only to an extension to the people of a vision of the possibilities of your profession to bring them there. Recently a publicity expert, himself a public health man, put to me the pertinent question: "What have you to *sell*? If you have nothing attractive in nursing education to offer, you cannot put it across the world's counter today. If you have, the well supported announcement of it will bring you ready takers. Give young women the kind of education they want and you will be unable to keep them out of your schools. If you do not, your schools are destined to starve to death."

When every invitation is to service and to preparation for service, when fitness is the open sesame to so many doors, it is surely not the moment for compromise with those influences which would seek the rapid solution of the problems of the present by the short-cuts of expediency.

While you are asking yourselves, in the spirit of this new day, who among you is sufficient for the things that invite you, while you are sensing your own need of adequate preparation for larger usefulness, do I need to say that neither occasion nor the public will be served by the institution of the "sub-nurse?"

With your feet standing upon the very threshold of higher and better education in nursing, with the Universities of the country opening their doors to you and bidding you come in, with the promise of coöperation between institutions of learning and major hospitals which are still to serve as the clinical laboratories of the student nurse; with

the realization of your standing as a profession within your reach,—will you consent,—you women of light and leading and fruitful experience,— to sacrifice the possible collegiate standing of your schools in order to permit the output from them of a cheap, imperfectly trained, abortive type of nurse,—a type that will lower the educational level of your calling, that will offer to the public an inferior grade of nursing care, that will serve to unbalance still more unjustly the scales of social justice, that will make it impossible for the people to differentiate between pseudo-nursing and true nursing, the type that will soon pose as your peers in service and soon seek the same compensation, to the mischief and misleading of the public, that you receive? Far better that the people should fall back, in its minor need of help, upon the practical, the confessedly untrained nurse of other days.

I do not think that any effective tag can be tied to the sub-nurse that will tell the public who and what she is. I doubt that any competent legislation can be devised that will keep her where she belongs. Without that legislation I am quite sure that she will not be kept there. And, if she is not, she will be of harm to the body-social, since all unwittingly, human health and human life will be entrusted to her hapless care.

But there is a bigger and a better reason still, to believe that this proposal will not be realized. It is part of the faith in womankind that runs in my blood that compels me to believe that women in any numbers, in any part of the country, will not be found who, in this or any other major calling will want

to be "a sub." It is foreign to the nature of the Eternal Feminine and, if it is, the stars in their courses will fight against her in vain. I trust that, as individuals and in your great organizations assembled, you will wash your hands, once and for all, of this proposal. It cannot be accomplished with your coöperation and consent. Though the report of the Rockefeller Foundation should yield to the dictates of expediency, I have faith to believe that this thing will not be done. I believe in the prohibitive power of the unfitness of things.

The educational future of the profession of nursing is in your hands and that is where it belongs.

It is not to be determined by the profession of medicine, helpful as it may be; not by the hospital or the hospital administrator, whose coöperation you will desire; it is not to be determined by the University Schools, whatever may be their measure of saving grace; it is not to be determined by the report of the Rockefeller Foundation which we are eagerly awaiting. It is to be determined by the joint sense of the great organizations of nursing, beneficently representing your profession. If you are to realize yourselves, if you are to fulfill your manifest destiny as a profession, you must meet the conditions which the present opportunity carries with it. And this brings us back to the third of the questions I proposed to you awhile ago.

What are the tests by which the evolution of the nursing profession, as the product of education, may be determined? They are several and they are crucial tests.

A profession is, first of all, a learned body of men or women. Its initial test is culture. And culture is the product of education.

Its second distinction is that of social privilege, bestowed upon it in consideration of the peculiar office it has to fill. The test it carries with it is that of fitness. And fitness is the flower of education.

Its third distinction is that of social obligation. Its ultimate test is service. And service is the function of her who has the capacity and the will to serve.

These are tests of keener edge than any your profession so greatly met in the days of the Great Conflict. They suggest obligations, and the obligations of the period of reconstruction are always heavier than those which rest upon the individual during a state of war. Your fulfillment of these obligations puts you into very intimate relations with society; and coincidentally the nursing situation of today lays a reciprocal obligation upon the public. Popular sentiment, and something more powerful than sentiment, the judgment of the people, must be educated up to the appreciation of your educational needs, for which it is incumbent upon the public to provide. Universities and schools, like other public institutions, are responsive in a democracy to the popular will. One of your major duties is the undertaking of a nation-wide propaganda for the promotion of University nursing education along both under-graduate and graduate lines. Your influence should be brought to bear, alike upon state-supported and upon endowed Universities to which women are admitted, to organize nursing schools and to invite

a working alliance with major hospitals. Years ago I was told that this was the dream of the educationist. Even so, I believe in dreams and the educationist, working with the vanguard of the profession, has always stood for progress. And the best answer to the critic is that the dream has come true. There is powerful logic in the accomplished fact. The central school of nursing, under University direction and control, is in actual and successful operation today. It is for the Universities to provide the mechanisms of teaching, to determine the standards of education, to conduct the schools, and to control the nursing services of the hospitals contributing to nursing education.

It is the part of the public to see that they do. The interest of the people in the profession of nursing, because it stands for health restoration and preservation, is more vital than it is in anything by way of education. Its interest is to be taken into the account.

You will have to influence the hospitals and the administrators of hospitals to the acceptance of their new relationship to the schools, to an appreciation of the higher quality of service they may render and of the higher quality of the student nurse who will be offered for their clinical training and service. To some of them you will have to say, when the time shall have come that the University schools have an output adequate to the public need, "Your useful part in the institution of the trained nurse in America is finished; henceforth you must rely upon the paid service of the graduate nurse." I doubt if that will mean a misfortune to many of them. The science of economics would teach

that the thing which is unfitly done is not the profitable thing to do. It is the highest good of the educated nurse, the highest good of the public she serves, that are the things to be considered. If it is necessary to starve out of existence the unfit schools, let it be done! It is again the word of the Lord to Gideon: "Say to the people that they go forward."

There is yet another personal obligation which rests upon each one of you in proportion to her powers. The day of the extension of education to the people has clearly come. It is no longer fitting that a profession of service shall reserve its exclusive knowledge to its own uses; that it shall place its intellectual light under an ethical bushel; that it shall refuse to become the teacher of the public in the things which the education provided by the people has revealed to it.

It is the part of the nurse, and especially of the nurse who is educated for public health nursing, to become the instructor of her clientele, of her community, in the principles and practice of preventive medicine; in the avoidance as well as the cure of disease; in the bearing and rearing of healthier children; in the science of their successful nutrition, contributing to mental as well as physical growth; in those functional exercises and controls which will make for better men and women.

And it is yours to re-educate *yourselves*, to remember that your education is never finished. In the school of life, if you have capacity for growth, the opportunities are infinitely greater than in the school of training to greatly grow. And you have need of growth. This is the day not only of the enfran-

chisement, but of the evangelization of women. You are the gossellers of a new day and yours is the gospel not merely of good-will but of good health.

May I urge upon you that most cultural of all the functions of a profession,—the final test indeed of its professional quality,—the cultivation of the instinct of professional parentage, of an interest in those who are to follow you in service; perhaps a personal interest in some one neophyte of your calling whom you may inspire with its traditions, to whom you may hand down its ideals, to whom you may pass on the torch of progress you have so long borne, whom you may teach to keep its light burning still; whom you may urge to better service than you have given, to higher heights than you have held.

Finally, your choicest distinction is that you are social workers. The spirit of social service is the highest hall-mark of your profession. She who is not possessed of that spirit may well be iron-bound in the fetters of her own training. She who lives by its light and leading, lives and works by love. Work instructed by education and guided by wisdom, taking on the quality of social service and inspired by love, is the greatest thing in the world.

"All of beauty, all of knowledge, all
of wonder, fused and caught
In the magic of life's music, weaving
out of sense and thought,
And a touch of love—the fabric out of
which the world is wrought.
Love be therefore all your passion,
the one ardour that ye spend
To enhance the craft's achievement
with significance and trend,
Making faultless the wild strain that
else were faulty to the end."